



ERNIE FLETCHER  
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES  
DIVISION OF LONG TERM CARE AND COMMUNITY ALTERNATIVES  
275 EAST MAIN STREET, 6W-B  
FRANKFORT, KENTUCKY 40621-0001  
(502) 564-7540 (502) 564-0249 FAX  
[WWW.KENTUCKY.GOV](http://WWW.KENTUCKY.GOV)

JAMES W. HOLSINGER, JR., M.D.  
SECRETARY

December 30, 2004

Nursing Facility Provider Letter #A-216

Dear Nursing Facility Provider:

Please be advised that Nursing Facility Provider Letter #A-215, dated December 17, 2004, inadvertently cited a federal regulation incorrectly, mandating facilities must report the death of any resident to the Centers for Medicare & Medicaid Services (CMS) regional office by no later than close of business the next business day after the resident's death. ***Please disregard.*** This requirement applies only to psychiatric residential treatment facilities. We hope this hasn't caused any inconvenience for your facility.

However, it is correct, in accordance with the Department for Medicaid Services nursing facility reporting requirements, a "***Memorandum to Local Department for Community Based Services Office (MAP-24)***", must be submitted by nursing facilities to the local DCBS office reporting, "Discharge or death of any Medicaid resident" within ten (10) days of its occurrence. This flow of information is essential to timely payment to the nursing facility and efficient records for DCBS.

We appreciate your continued understanding as the Department makes every effort to provide effective and efficient organizational operations for eligible recipients and for programs administered by the Department for Medicaid Services.

If you have any questions regarding this letter, please contact Judy Montfort of the Department for Medicaid Services at (502) 564-5707.

Sincerely,



Angela G. Kirkland, MA  
Director

AGK/jm